

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 0018-13		Total Pages 27	
First Named Inventor or Application Identified					
Inventors: Carl E. Fabian					
Invention: RADIOPAQUE MARKER FOR A SURGICAL SPONGE					
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No. EU444225215US			

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 21] (preferred arrangement as set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 4] 4. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked). The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input checked="" type="checkbox"/> Express Mailing Certification 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS
8. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input checked="" type="checkbox"/> Applicant Claims Small Entity Status 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input checked="" type="checkbox"/> Small Entity Statement 15. <input type="checkbox"/> Certified Copy of Priority Documents (if foreign priority is claimed) 16. <input type="checkbox"/> Other:

17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information:		
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)

18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label 000025901 or <input checked="" type="checkbox"/> Correspondence address below					
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FEE TRANSMITTAL <i>Note: Effective October 1, 1997 Patent Fees are subject to annual revision.</i>		Application Number Filing Date First Named Inventor Group Art Unit Examiner Name	
TOTAL AMOUNT OF PAYMENT (\$) 417.00		Attorney Docket Number 0018-13	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																								
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number → </p> <p>Deposit Account Name → </p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set In 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. 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SUBMITTED BY:				Complete (if applicable)	
Typed or Printed Name		Ernest D. Buff		Reg. Number	
Signature				25,833	
Date		08/28/02		Deposit Account User ID	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Carl E. Fabian

Group Art Unit: N/A

Examiner: N/A

For: **RADIOPAQUE MARKER FOR A SURGICAL SPONGE**

Docket No.: 0018-13

Ernest D. Buff & Associates, LLC
245 South Street
Morristown, New Jersey 07960
(973) 644-0008
August 28, 2003

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing by Express Mail

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 28, 2003.

[Handwritten signature]

Signature

Ernest D. Buff

Attorney of Record

August 28, 2003

(Date)